MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE

APPLICANT(S)	10/531966

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2		✓						52		✓				
3		✓						53		✓				
4		✓						54		✓				
5		✓						55		✓				
6		✓						56		✓				
7		✓						57		✓				
8		✓						58		✓				
9		✓						59		✓				
10		✓						60		✓				
11		✓						61		✓				
12		✓						62		✓				
13		✓						63		✓				
14		✓						64		✓				
15		✓						65		✓				
16								66		✓				
17		✓						67		✓				
18		✓						68		✓				
19		✓						69		✓				
20		✓						70		✓				
21		✓						71		✓				
22		✓						72		✓				
23		✓						73		✓				
24	✓							74		✓				
25		✓						75		✓				
26		✓						76		✓				
27		✓						77		✓				
28		✓						78		✓				
29		✓						79		✓				
30		✓						80		✓				
31		✓						81		✓				
32		✓						82		✓				
33		✓						83						
34		✓						84						
35		✓						85						
36		✓						86						
37		✓						87						
38		✓						88						
39		✓						89						
40		✓						90						
41		✓						91						
42		✓						92						
43								93						
44		✓						94						
45		✓						95						
46		✓						96						
47		✓						97						
48								98						
49	✓							99						
50		✓						100						
TOTAL IND.		↓		↓		↓		TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.	34	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS	37					